**South Carolina Department of Social Services**  
**EMPLOYEE EXIT SURVEY**

**Departing Employee:** Your input about your employment with the agency is important to us. We request your assistance by completing this form and returning it to the Human Resources Management Division in the enclosed postage paid business envelope.

**Program Area:**  
- [ ] Child Welfare  
- [ ] Economic Services  
- [ ] Admin  
- [ ] Child Support  
- [ ] Adult Advocacy  
- [ ] Other: ____________________________

**Name:** (Optional) ____________________________  
**Job Title:** ____________________________

**Division/County:** ____________________________  
**Separation Date:** ____________________________

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1. (Optional) What is your age? _________  
2. How long did you work for the State/DSS? ____________________________

3. (Optional) What is your sex? _________  
4. (Optional) What is your race? ____________________________

5. What reasons led you to accept a job with us? ____________________________

6. What is your main reason for leaving? ____________________________

7. What could have been done early on to prevent you from leaving? ____________________________

8. Was your supervisor knowledgeable of the job you performed? If not, then please explain: ____________________________

9. How would you describe your work environment? ____________________________

10. What did you enjoy about working here? ____________________________

11. We want to know why you left employment with DSS. Please choose only the top three (3) reasons among the below choices for leaving the agency and rank them from one (1) the major factor to three (3).

<table>
<thead>
<tr>
<th>Rank</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Better Advancement</td>
</tr>
<tr>
<td>2</td>
<td>Higher Pay</td>
</tr>
<tr>
<td>3</td>
<td>Lack of Supervisory Support</td>
</tr>
<tr>
<td>4</td>
<td>Lack of Employee Recognition</td>
</tr>
<tr>
<td>5</td>
<td>Lack of Training</td>
</tr>
<tr>
<td>6</td>
<td>Other: (Please explain)</td>
</tr>
</tbody>
</table>

12. Would you consider returning to DSS?  
- [ ] Yes  
- [ ] No

13. Do you have any additional comments? ____________________________

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Thank you for taking the time from your busy schedule to complete and return this important survey.

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DSS Form 1474 (OCT 15) Edition of MAY 14 is obsolete.